



YES! I am excited to accept the invitation to become a Life Member of the Venous Association of India.

(PLEASE PRINT LEGIBLY)

(Last Name) (First Name) (Middle Name) (Title/Degree)

(Institution or Clinic Name)

(Street Address)

(Street Address)

(City/State/Country/Postal Code)

Work Phone:

Mobile Phone:

E-mail:

YOUR MEDICAL SPECIALTY:

SPECIAL AREA(S) OF INTEREST IN VENOUS DISEASE:

**Please attach your curriculum vitae to this application
or e-mail it to the Secretary.**

If elected to become a Life Member in the Venous Association of India, I agree to abide by the bylaws and be an active, contributing member.

Signature: _____

Date: _____

Lifetime dues for full members (physicians) are 2500 Indian Rupees/35 British Pounds/50 Euros/\$70 US Dollars. Lifetime dues for associate members (non-physicians) are one-half this amount. Please enclose a personal check for the appropriate amount made out to the *Venous Association of India*.

**MAIL YOUR APPLICATION, CV (IF NOT E-MAILED),
AND YOUR CHECK TO:**

**Dr. Devender Singh
Secretary, Venous Association of India (VAI)
Chief Vascular and Endovascular Surgeon
Yashoda Hospital
Raj Bhavan Road, Somajiguda
Hyderabad, Andhra Pradesh
India 500 082**

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